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7590 03/20/2006

JACKSON WALKER LLP
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RICHARDSON, TX 75080

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RAFFI GOSTANIAN	(Depositor's name)
<i>Raffi Gostanian</i>	(Signature)
06/20/2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/135,657	11/08/1999	JOHN L. TOMICH	19447-P001C1	5515

TITLE OF INVENTION: PHOTONIC HOME AREA NETWORK

APPLX. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	06/20/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS	
JONES, PRENEILL P	2668	370-389000	06/21/2006 TBESHAH2 00000035 09435657

780.00 OP

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1. R.G. & ASSOCIATES

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(p)(2).

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Authorized Signature

Raffi Gostanian

Date

06/20/2006

Typed or printed name

RAFFI GOSTANIAN

Registration No.

42,595

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/435,657
	Filing Date	11/08/1999
	First Named Inventor	John L. Tomich
	Art Unit	2668
	Examiner Name	Jones, Prenell P.
Total Number of Pages in This Submission	3	Attorney Docket Number

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fees Transmittal Form 2. Credit Card Payment Form
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Firm Name	RG & Associates		
Signature			
Printed name	Raffi Gostanian		
Date	06/20/2006	Reg. No.	42,595

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Typed or printed name	Raffi Gostanian	Date	06/20/2006

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